

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>m - G</i>		3/24/00
O.I.P.E. CLASSIFIER		8	3/29/00
FORMALITY REVIEW	<i>SD</i>	67361	5/24/00
RESPONSE FORMALITY REVIEW	<i>SD</i>	67362	6/22/00

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	5/24/00
2	11/11/00
3	11/11/00
4	11/11/00
5	11/11/00
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49	11/11/00
50	11/11/00

Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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